

Shasta Head Start Child Development, Inc.  
Injury and Illness Prevention Program  
(IIPP)

Last Updated: 05/01/2024

## **Table of Contents**

I. Introduction	3
II. Responsible Person	3
III. Employee Compliance/Disciplinary Policy (8 CCR 3203(a)(2))	4
IV. Identify and Evaluate Workplace Hazards (8 CCR 3203(a)(4))	4
V. Accident, Injury, and Illness Investigations	5
VI. Methods and Procedures for Correcting Unsafe or Unhealthy Conditions and Work Practices (8 CCR 3203 (a)(6))	6
VII. Training	6
VIII. Communication of Safety and Health Matters (8CCR 3203 (a)(3))	7
IX. Maintenance of Records	8
X. Code of Safe Practices – General Office/Industry	8
Acknowledgement of Receipt & Review of Injury and Illness Prevention Program (IIPP)	11
<b>Verbal Safety Warning Notice</b>	<b>12</b>
<b>Employee Safety Violation</b>	<b>13</b>
<b>Written Notice</b>	<b>13</b>
<b>Safety Checklist: Housekeeping</b>	<b>14</b>
<b><i>Complete this prior to quarterly safety meeting</i></b>	<b>14</b>
<b>Employee’s Safety Suggestion</b>	<b>15</b>
<b>Supervisor’s Report of Incident</b>	<b>16</b>
<b>Accident, Injury, and Illness Investigation Form</b>	<b>17</b>
Addendum: COVID-19 Mitigation Plan	19

## **I. Introduction**

Shasta Head Start has developed and implemented this written Injury and Illness Prevention Program (IIPP) as part of our health and safety program. The work performed by Shasta Head Start's personnel is varied, both in nature and location. Under all circumstances, it is the intent of Shasta Head Start to:

- Comply with the requirements and spirit of the California Code of Regulations, Title 8
- Provide a safe and healthy work environment for employees

Accordingly, effective April 1, 2003, Shasta Head Start has implemented this IIPP in compliance with Senate Bill 198, encoded as Labor Code 6401.7 and the California Code of Regulations (CCR), Title 8, Section 3202. Shasta Head Start expects and requires all employees to follow the requirements set forth in this IIPP.

This program represents the policy and commitment of the Board of Directors, Executives, Management, and employees of Shasta Head Start Child Development, Inc. to work together to ensure a safe work environment which fully complies with California Code of Regulation, Title 8, Division 1, Chapter 4, Subchapter 7, General Industry Safety Orders, Section 3202.

## **II. Responsible Person**

Shasta Head Start has designated the Human Resource Manager as the Responsible Person for the IIPP. It is the responsibility of this person to ensure overall implementation of the IIPP. In addition, supervisors have responsibility of enforcement of this program.

### **Employer Information: (8 CCR; 3203(a))**

- *Organization* Shasta Head Start Child Development, Inc.
- *Address* 375 Lake Boulevard, Suite 100, Redding, CA 96003
- *Type of Business* Early Child Development
- *Responsible Person* Human Resource Manager
- *Alternate Person(s)* Supervisors, Operations Director

### **The duties of the responsible person are to:**

- Identify and evaluate workplace hazards, including procedures for investigating occupational injuries and illnesses
- Establish and/or review methods and procedures for correcting unsafe and/or unhealthy conditions and work practices
- Ensure that employees receive training programs on general and specific safety and health practices for the company and on each of their job assignments

## IIPP – Shasta Head Start Child Development, Inc.

- Ensure that there is a procedure for communicating Shasta Head Start’s safety and health rules and procedures to employees
- Ensure compliance with safety and healthy work practices
- Ensure that records on training, inspections, and corrective measures are properly maintained, as required by this IIPP and other CAL/OSHA-required programs in accordance with Title 8 CCR

### III. **Employee Compliance/Disciplinary Policy (8 CCR 3203(a)(2))**

Under Shasta Head Start’s policy, all employees are required to follow agency safety policies and operating procedures. When needed, employees will be provided with additional training and information or re-training to maintain their knowledge.

The discipline policy of Shasta Head Start is intended to encourage employee compliance with our IIPP and to comply with the mandate of California Labor Code 6401.79(a)(6).

Shasta Head Start believes that employees found performing work in an unsafe manner that would endanger themselves or another employee shall be subject to discipline or termination by management.

The management of Shasta Head Start will determine the course of action best suited to the circumstances. In each situation the supervisor will consider the severity of the problem and the employee’s past performance to determine what discipline is necessary. Depending on the severity of the findings, and according to the supervisor’s discretion, an employee may be disciplined in any of the following ways:

- Verbal Warning
- Written Warning
- Termination

Each disciplinary action will be clearly documented in the employee’s personnel file. The documentation will clearly state the safety policy that was violated and steps the employee must take if it is to be corrected.

### IV. **Identify and Evaluate Workplace Hazards (8 CCR 3203(a)(4))**

The goal of the IIPP is to identify and evaluate unsafe work conditions and practices so that accidents, injuries, and job-related illnesses are minimized, if not completely eliminated. To this end, Shasta Head Start has instituted the procedures described in this section of the IIPP.

The principle approach to reducing accidents is through periodic scheduled and unscheduled inspections. Inspections are conducted to comply with the Safe Work Practices and other safety requirements and to identify and investigate any additional hazards,

## IIPP – Shasta Head Start Child Development, Inc.

incidents, injury or illness cases, and unusual occurrences. Inspections will be conducted as follows:

1. Human Resources and designated Shasta Head Start site personnel are to conduct site inspections by utilizing appropriate safety checklists
  - a. General inspections of sites are to be conducted at a minimum of each quarter at all worksites
  - b. Inspections will be documented in written forms (e.g., safety checklists)
2. Shasta Head Start's system for identifying, evaluating, and preventing occupational safety and health hazards includes the following:
  - a. Compliance with all applicable General Industry Safety Orders and other Safety orders that apply to Shasta Head Start
  - b. Investigation of all accidents, injuries, illnesses, and unusual events that occur
  - c. Periodic and scheduled inspection of general work areas and specific workstations
  - d. Evaluation of information provided by employees
3. General inspections of potential hazards are to be conducted in the following work areas:
  - a. Classrooms
  - b. Offices
  - c. Kitchens
  - d. Meeting rooms
  - e. Buses/agency vehicles
  - f. Maintenance operations
  - g. Storage

### **V. Accident, Injury, and Illness Investigations**

When accidents, injuries, or illness, which require medical care, occur on the job, they will be thoroughly investigated by the Responsible Person or the job supervisor. Investigators will complete the Accident Investigation form, which is attached in this IIPP.

- Investigations shall be conducted by the immediate supervisor as soon as possible after the accident, injury, illness, or unusual occurrence is reported.
- Investigations are to be documented on the Accident Investigation form and the Supervisor's Report of Accident and other appropriate forms. These forms are located in this IIPP.

The investigation will determine at least the following:

- Who and what was directly involved in the accident
- Who and what was indirectly involved in the accident
- Where and when the accident occurred
- The cause of the accident, if known

- Steps/procedures to take to prevent re-occurrence, if known

## **VI. Methods and Procedures for Correcting Unsafe or Unhealthy Conditions and Work Practices (8 CCR 3203 (a)(6))**

All unsafe or unhealthy work conditions or work practices identified will be evaluated and corrected.

Unsafe or unhealthy work conditions or work practices will be corrected in a timely manner, as determined by the severity of the hazard. Under no conditions will Shasta Head Start personnel be required to, or permitted to, work under conditions which pose a clear or imminent hazard.

Problems that cannot be corrected immediately will be assigned to the Responsible Person to ensure completion of the corrective action. Once corrected, written documentation of the action taken will be developed or obtained by the Responsible Person.

When an imminent hazard exists, which cannot be immediately corrected without endangering employees and/or property, the following steps will be followed:

1. Remove all potentially endangered employees
2. Provide necessary safeguards to the employees responsible to correct the condition
3. Correct the problem
4. Document the corrective action and date corrected in accordance with this Section. The documentation is to be completed by the Responsible Person or his/her designee. Documentation will be maintained on file by the Responsible Person.

Unsafe or unhealthy work conditions needing corrective action will be documented by using Shasta Head Start forms. The form(s) will identify:

- The hazard and the corrective action to be taken
- The person responsible to perform the corrective action
- The date of expected completion

Unsafe work practices will be immediately corrected by providing the affected employees with re-training to be provided by the Responsible Person or their designee.

## **VII. Training**

All employees shall receive training and instruction in the following areas:

- General safety and health work practices
- Specific instruction with respect to hazards unique to the job assignment

Training of employees at Shasta Head Start as to this IIPP shall occur:

- When program is first established

## IIPP – Shasta Head Start Child Development, Inc.

- To all new employees
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard
- Whenever Shasta Head Start is made aware of a new or previously unrecognized hazard(s)

In accordance with this IIPP, training shall be provided by the assigned person(s) at each location on a quarterly basis.

This IIPP shall be made an integral part of existing occupational safety and health training programs at Shasta Head Start. Additional training shall be provided to supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.

### **VIII. Communication of Safety and Health Matters (8CCR 3203 (a)(3))**

The elements of the Shasta Head Start IIPP and all aspects of its safety and health program shall be communicated in a readily understandable manner to all employees.

It is the policy of Shasta Head Start to encourage all employees to report hazards existing at their worksite to their supervisor or the Responsible Person so that corrective action can be taken in a timely manner.

Employees who report such conditions will not be disciplined for reporting their concerns, nor will they suffer any retaliation due to their actions.

Employees shall be kept informed of the requirements of the IIPP through the use of safety meetings, training programs, and written communications. If necessary, a suggestion box can be placed in an accessible location. Safety meetings will be conducted quarterly at all sites. Minutes of the meeting will be recorded.

1. Communication of safe working conditions, work practices, and required personal protection equipment is included in initial and subsequent trainings.
2. Other forms of employer to employee communications of safety topics include posters, letters, safety meetings, etc.
3. Employees will be advised that safe work conditions, safe work practices, and required personal protective equipment is mandatory.
4. Discipline for non-compliance will be in accordance with Shasta Head Start's policies and procedures.
5. Shasta Head Start will solicit safety information from employees as suggestions for improvement through the safety meetings conducted quarterly. These suggestions may be anonymous.

## **IX. Maintenance of Records**

Shasta Head Start will keep records of the actions taken to implement and maintain this IIPP. The records will be maintained on file for a minimum of three (3) years. The records kept by Shasta Head Start relating to this IIPP will not adversely affect the retention of medical and exposure records in accordance with Title 8, California Code of Regulations, Section 3204, "Access to Employee Exposure and Medical Records".

Records of scheduled and unscheduled periodic inspections as well as other records, including methods used to identify and evaluate workplace conditions and work practices, shall also be retained.

Records relating to the IIPP shall include at a minimum, person(s) conducting the inspection or evaluation, the unsafe conditions and work practices that have been identified, and actions taken to correct the identified condition or work practice.

Records and documentation of safety and health training shall include at a minimum, the name of employee, date of training, training topics, training format and instructor. All written records will be maintained for three (3) years.

## **X. Code of Safe Practices – General Office/Industry**

It is Shasta Head Start's policy that everything possible will be done to protect employees, clients, and visitors from incidents. Safety is a cooperative undertaking requiring participation from every employee. Failure by any employee to comply with safety rules will be grounds for corrective discipline. Supervisors shall insist that employees observe all applicable agency, state, and federal safety rules and practices and take action as is necessary to obtain compliance.

To carry out this policy employees shall:

- Report all accidents, injuries, and illnesses to your supervisor immediately
- Report all unsafe equipment and conditions to your supervisor
- Anyone known to be under the influence of intoxicating liquor or drugs shall not be allowed on the job while in that condition and could be subject to disciplinary actions up to and including termination
- Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees are prohibited
- In the event of fire, sound alarm and evacuate
- Upon hearing fire alarm, stop work, proceed to the nearest clear exit, and gather at the designated location
- Only trained workers may attempt to respond to a fire or other emergency
- Exit doors must comply with fire safety regulations during business hours
- All exits shall be kept unblocked, well-lit, and unlocked during work hours

## IIPP – Shasta Head Start Child Development, Inc.

- Stairways should be kept clear of items that can be tripped over; all areas under stairways that are egress routes should not be used to store combustibles
- Materials and equipment will not be stored against doors, exits, fire ladders, or fire extinguisher stations
- Aisles must be kept clear at all times
- Work areas should be maintained in a neat and orderly manner; trash and refuse are to be thrown in proper waste containers
- When working at a computer workstation, have all pieces of furniture adjusted, positioned, and arranged to minimize strain on all parts of the body
- All spills shall be wiped up promptly
- Files and supplies should be stored in such a manner as to preclude damage to the supplies or injury to personnel when they are moved; heaviest items should be stored closest to the floor and lightweight stored above
- Equipment such as scissors, staplers, etc., should be used for their intended purposes only and should not be misused as hammers, pry bars, screwdrivers, etc.; misuse can cause damage to the equipment and possible injury to the user
- All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards
- Never stack material precariously on top of file cabinets or other high places
- Never leave desk or cabinet drawers open as they could present a tripping hazard; use care when opening and closing drawers to avoid pinching fingers
- Do not open more than one upper drawer of a filing cabinet at a time, particularly the top two drawers on tall file cabinets
- Always use the proper lifting technique – never attempt to lift or to push an object, which is too heavy; get assistance when help is needed to move a heavy object
- When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.
- All electrical equipment should be plugged into appropriate wall outlets or into an extension of only one cord of similar size and capacity; three-pronged plugs should be used to ensure continuity of ground
- Report exposed wiring and cords that are frayed or have deteriorated insulation so that they can be repaired promptly
- Maintain sufficient access and working space around all electrical equipment to permit ready and safe operation and maintenance
- Do not use portable electrical tools and equipment that are not grounded or double insulated
- Individual heaters at work areas should be kept clear of combustible materials such as drapes or waste from wastebaskets; newer heaters, which are equipped with tip-over switches, should be used
- Appliances such as coffee pots and microwaves should be kept in working order and inspected for signs of wear, heat, or fraying of cords
- Fans used in work areas should be guarded; guards must not allow fingers to be inserted through the mesh; newer fans are equipped with proper guards

## IIPP – Shasta Head Start Child Development, Inc.

- Cleaning supplies should be stored away from edible items on kitchen shelves
- Cleaning solvents and flammable liquids should be stored in appropriate containers
- Solutions that may be poisonous or not intended for consumption should be kept in well-labeled containers
- Inspect motorized vehicles and other mechanized equipment daily or prior to use
- Shut off engine and set brakes prior to loading and unloading vehicles

**Acknowledgement of Receipt & Review of Injury and Illness Prevention Program  
(IIPP)**

I have received my copy of Shasta Head Start’s Injury and Illness Prevention Program (IIPP). I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in this IIPP.

The attached copy of the IIPP is for you to keep. Please sign and date below and return this page to the Human Resource Department.

_____
Employee Print Name
_____
Employee Signature
_____
Date

**Verbal Safety Warning Notice**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Description of safety violation that took place requiring a verbal warning: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Supervisor Name & Position

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Employee Safety Violation  
Written Notice**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Your performance has been found in violation of our safety policy for the reasons set forth below.

Description of problem requiring improvement or correction (including specific dates and examples): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific changes in performance/behavior required and the time frame in which they must occur: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of follow-up evaluation of problem and correction: \_\_\_\_\_

**Failure of employee to correct problem may result in further disciplinary action up to and including termination of employment.**

Employee comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have received and reviewed this warning and informed that a copy of this notice will be placed in my personnel file.

\_\_\_\_\_  
Employee Signature Date

A copy of this warning was personally delivered to the above employee by: \_\_\_\_\_

Supervisor comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Supervisor Name & Position

\_\_\_\_\_  
Supervisor Signature Date

**Safety Checklist: Housekeeping**  
*Complete this prior to quarterly safety meeting*

Date of Inspection: \_\_\_\_\_ Inspector: \_\_\_\_\_

<b>Item</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comments</b>
Floors clean and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toxic cleaners and agents locked up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Furniture and equip. free of sharp/loose objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Storage areas free of clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plug covers on outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toys clean and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoke detectors inspected (bi-monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pets cleaned and well cared for (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Furniture stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Protective Equipment (PPE) stocked in appropriate location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye washing station has been tested (sink only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Outside Inspection</b>				
Equipment safe and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walkways free of sand/bark chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sand box inspected for hazardous foreign materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drinking fountain clean and sanitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fence in good condition/gate closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Fire Extinguishers</b>				
Extinguisher is in its assigned place, visible, and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pressure gauge needle is in the green zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tamper seal is intact and pull pin is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hose and body of the extinguisher in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tag on the back is signed and dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

1. *Satisfactory*
2. *Needs some attention*
3. *Needs immediate attention*

IIPP – Shasta Head Start Child Development, Inc.

On items that require immediate action put down action taken to insure a safe environment.

**Action Taken**

---

---

---

---

**Maintenance Request # (if applicable):** \_\_\_\_\_

**Please submit a copy to the HR Department upon completion.**

### Employee's Safety Suggestion

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Location: \_\_\_\_\_

Current practice or condition:

---

---

---

---

---

---

---

---

Suggestion(s) to improve condition:

---

---

---

---

---

---

---

---

Benefit(s) expected from change:

---

---

---

---

---

---

---

---

**For Human Resource's Use**

Action taken: \_\_\_\_\_

---

---

---

If no action taken, explain why: \_\_\_\_\_

---

---

---

- Brought to attention of Maintenance       Notified employee of action taken

### Supervisor's Report of Incident

Injured Employee: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Describe the incident and place it occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The incident resulted in:

No treatment: \_\_\_\_\_

First aid given: \_\_\_\_\_

Medical treatment at: \_\_\_\_\_

This Incident resulted in:

\_\_\_\_\_ hours, \_\_\_\_\_ days loss of work

No loss of work

The following steps have been taken to prevent this type of incident from happening again: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Supervisor Name & Position

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Reported

Complete this form, make a copy, and bring original to the HR Dept. or fax to (530) 241-2081.

**Accident, Injury, and Illness Investigation Form**

(Page 1 of 2)

Person(s) conducting investigation: \_\_\_\_\_

Title(s): \_\_\_\_\_ Date of Accident/Injury/Illness: \_\_\_\_\_

Name(s) of affected employee(s): \_\_\_\_\_

Work Area: \_\_\_\_\_ Center: \_\_\_\_\_

Type of Accident/Injury/Illness and Body Part Affected: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe how incident occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What workplace condition, work practice, or protective equipment contributed to the incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was a Code of Safe Practice violated?  Yes  No

If yes, which one? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will an additional code of safe practice be needed?  Yes  No

If yes, state: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was the unsafe condition, practice, or protective equipment problem corrected immediately?  Yes  No

If no, what has been done to assure correction? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Accident, Injury, and Illness Investigation Form**

(Page 2 of 2)

Until corrected, what actions have been taken to prevent recurrence in the interim? \_\_\_\_\_

\_\_\_\_\_

Will the inspection checklist require modification to prevent recurrence?  Yes  No

If yes, what will be added? \_\_\_\_\_

\_\_\_\_\_

What corrective actions will prevent another occurrence? \_\_\_\_\_

\_\_\_\_\_

Date correction is to be made by: \_\_\_\_\_

\_\_\_\_\_  
Print Investigator Name & Position

\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
Date Reported

\_\_\_\_\_  
Print Person Responsible for Correction Name & Position

\_\_\_\_\_  
Person Responsible Signature

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Print Human Resource Manager Name

\_\_\_\_\_  
Human Resource Manager Signature

\_\_\_\_\_  
Date

